Ship Addr. Pho				P.O. Date		
		Cont	act Name			
		Phor	ne Number Number			
State/Province	Zip/Postal Code	- Emai	I			
Country			# (ATM®2)			
_	Description		Qty.	Unit Price	Unit S&H ¹	Amount ²
Terms and Conditions			Enter CA L	ocal Tax Rate(%)3	
Please print & complete this form and fax it together with a check payable to BackProject. We will process your payment via a check-by-fax service. Our fax number is (408) 404-8100. BackProject® Corporation reserves the right to amend these prices at any time at its sole discretion.		ocess	Total			
Default S&H cost is per unit within the US Mainland ONLY. For other areas, please call BackProject for esting			COLL1	who are short to the	Grand Total	
Delauit San cost is per unit with	min the US Mainianu ONLY. For other areas, please call BackProjec	Li ior estin	iate san and re	piaces default value	·	

Fax this form and your check (payable to BackProject Corporation) to 1-408-404-8100

uthorized By	**MUST	MATCH	CHECK	SIGNATURE
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Date

This Check by Fax system enables BackProject Corporation to receive a copy of your check via fax, convert it to a new check, and then deposit it just as we would any other check. BackProject Corporation will produce the check in house. All you have to do is write out your check as if you were mailing it, sign it, place your completed check in the box below and fax us a copy with this signed authorization form. Your check will then be produced with the same check number and applied to your account. Simply retain your check and/or fax receipt as proof of payment. Uniform Commercial Code, Title 1, Section 1-201[39] and Title 3-104, 3-401 and 3-402; Code of Federal Regulations, Title 12, Chapter II, Part 210; and Regulation J Federal Reserve Bank, Part 2, Section 4A-210 to 4A-212.

Purchase Order

³ California customers must enter their local sales tax percentage. Not doing so will delay order. 2 Includes S&H